

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.  
10/512404  
APPLICANT(S)

PLANO D'ARTE

**CLAIMS**

	CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5		①				
6		①				
7		②				
8		①				
9						
10						
11						
12		3				
13		①				
14						
15						
16						
17						
18						
19						
20						
21						
22	1					
23						
24						
25						
26						
27						
28						
29		-1				
30	1					
31						
32	①					
33	①					
34	⑥					
35	③					
36	⑤					
37	①					
38	⑧					
39	⑧					
40	⑧					
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			↓	5	↓	
TOTAL DEP.		←	35	←	←	↓
TOTAL CLAIMS			40			←